



# CARTERET COUNTY HEALTH DEPARTMENT

Animal Control Services Division

3820 Bridges Street, Suite A, Morehead City NC 28557

252-728-8585

G. David Jenkins, MPA Health Director



## County Cats Low Cost Spay and Neuter Assistance Voucher Program



Carteret County Animal Control Services is pleased to announce funds are available to assist qualified county residents with the cost of spaying and neutering their cats.

- Please call **728-8585** to schedule an appointment to come to the Health Department to process your application.
- Appointments will be scheduled Monday through Friday, 9:00 a.m. to 11:00 and 2:00 p.m. to 4:00 p.m.
- If approved, we will set the appointment with a participating veterinarian and issue you a spay/neuter voucher.
- All cats will also receive one-year or a three year rabies vaccination, rabies tag and certificate, distemper/Felovax IV vaccinations along with surgery with pain management. Your cat will also get a 24PETWATCH microchip along with information sheet and microchip number.
- You are responsible for non-refundable \$25.00 co-pay per cat, payable to Carteret County Health Department at the time of your application. We accept cash and checks only.
- Complete this application and bring to our office at your appointed time, along with proof of your family household monthly net income. You can submit pay check stubs, bank statements, W-2 forms, or income tax returns from most recent calendar year or a notarized earnings statement from your employer(s).

### 2015-2016 INCOME ELIGIBILITY GUIDELINES

<u>FAMILY SIZE</u>	<u>MAXIMUM HOUSEHOLD MONTHLY NET INCOME</u>
1	\$973.00
2	\$1311.00
3	\$1650.00
4	\$1988.00
5	\$2326.00
6	\$2665.00
7	\$3003.00

\* Monthly Net Wages \$ \_\_\_\_\_

\* Number of People in Household \_\_\_\_\_

+ \$339.00 each additional member

LAST NAME \_\_\_\_\_

FIRST NAME \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

TOWN/CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please complete the following information on your cat/s:

Name \_\_\_\_\_ M / F BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE: YR \_\_\_\_\_ MO \_\_\_\_\_

Name \_\_\_\_\_ M / F BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE: YR \_\_\_\_\_ MO \_\_\_\_\_

Name \_\_\_\_\_ M / F BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE: YR \_\_\_\_\_ MO \_\_\_\_\_

Name \_\_\_\_\_ M / F BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE: YR \_\_\_\_\_ MO \_\_\_\_\_

Name \_\_\_\_\_ M / F BREED \_\_\_\_\_ COLOR \_\_\_\_\_ AGE: YR \_\_\_\_\_ MO \_\_\_\_\_

*I am a Carteret County resident and I fully understand the terms of this service which has been explained to me.*

**Signature** ✓ \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

( ) APPROVED

( ) DENIED

REVIEWED BY: \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_